

**Speech-Language Pathology and Audiology Board**

1422 Howe Avenue, Suite 3, Sacramento, CA 95825
Telephone: (916) 263-2666 / Fax: (916) 263-2668
www.slpab.ca.gov



LICENSE RENEWAL

Please complete this entire form and return with the **\$110.00** to the address above. Do not send cash. Send a separate check or money order and form for each license. Make payable to: Speech-Language Pathology and Audiology Board or SLPAB.

License No.: _____ Social Security No.: _____

Name: _____
(Last, First, MI)

Address: _____
(Street)

(City, State, Zip Code)

Would you like your address of record changed? _____ Yes _____ No

Please check one of the following:

- () I have completed 24 hours of continuing professional development or I hold both an AU and SP license and have completed 16 hours of continuing professional development for each license.
- () I wish to renew my license as INACTIVE. I understand that while my license is inactive I cannot engage in any activity for which an active license is required.
- () I was granted an exemption by the board on _____.

I swear under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.

(SIGNATURE)

(DATE)